



## **Tennessee Behavioral Health County Databook 2012**

### **Data Definitions and Sources**

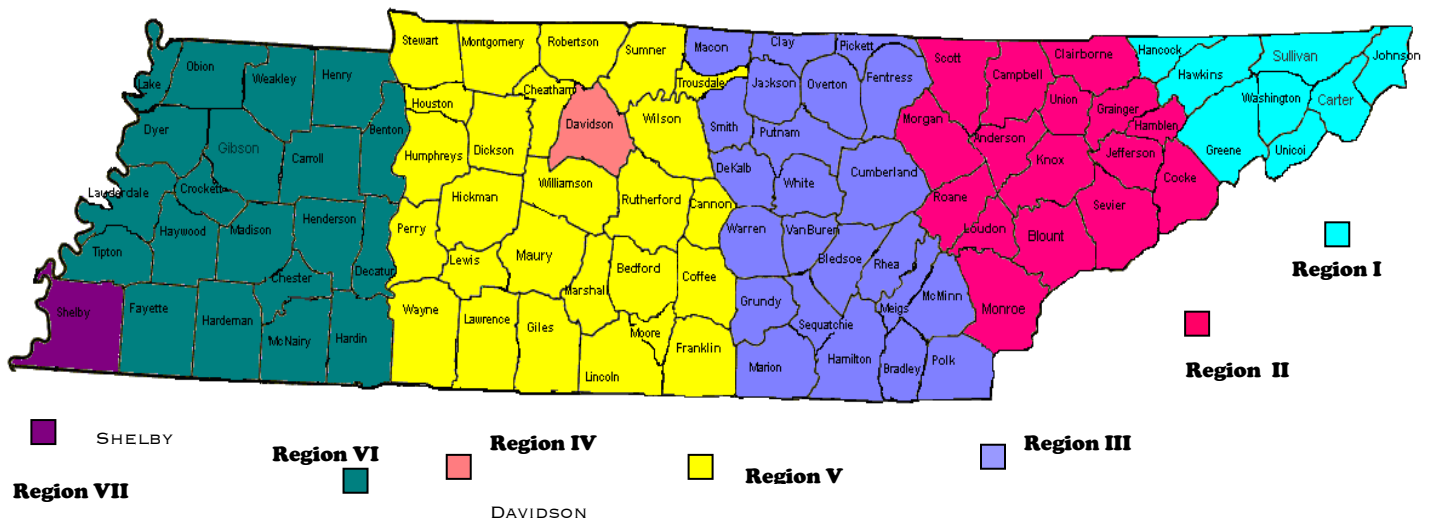
The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) Behavioral Health County Databook 2012 includes 59 total indicators covering three domains: children and youth; adults; and demographics. Within these three domains, data for each indicator were reported on the county level. For each indicator, three years of data are presented to examine trends. For some indicators, previous year data may not be available.

The data for each indicator are organized by Tennessee Department of Mental Health and Substance Abuse Services planning regions and alphabetized by counties of Tennessee. A map of TDMHSAS Planning Council regions is shown below (see Figure 1). When appropriate, percentages, rates, or ranks were computed based on a target population specific to that indicator. These values were then ranked as highest, medium or lowest. The “highest” values are at least higher than 75% of all values. The “middle” values are between 25% and 75% of all values, and “lowest” values are composed of values in the lowest 25% of all values. This may result in similar values being placed in different categories. Indicators were not ranked and are shown in grey when less than 50% of the counties had rates that were not computed or when prevalence rates were not available for individual counties.

The original data source and year are provided for each indicator. Time periods for data were reported in a variety of ways. CY refers to the calendar year. FY 2011 or FY 2012 refers to the State Fiscal Year (FY) which is July 1 of each year through June 30th of the following year. All reported education-related indicators correspond to a specific school year (SY).

The data in the tables provided are presented according to guidelines that protect confidential health information. In order to ensure adequate precision of summary statistics derived from protected health information (PHI), it is necessary to suppress (omit) rates and other summary statistics based on small numbers of events. If the number of events for the indicator for each county is less than 5 (<5), the counts are omitted. Zero events are reported if applicable. If the number of events for each indicator is less than 20 rates are not reported. These guidelines were adapted from the Montana Department of Public Health and Human Services.

### Figure 1: TDMHSAS Planning Council Regions



## Children and Youth Indicators

**1.1. Estimated number and percent of youth between the ages of 12 to 17 with a dependence on or abuse of illicit drugs or alcohol in the past year.** This indicator represents state-level estimates provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) for persons who demonstrate dependence or abuse as defined in the 4<sup>th</sup> edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*. Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

Data sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008-2010 substate estimates. Available from:

<http://www.samhsa.gov/data/NSDUH/substate2k10/AgeGroupTables/NSDUHsubstateAgeGroupTabs2010.htm>.

**1.2. Number and percent of children under the age of 18 referred to juvenile court.** This indicator represents an unduplicated count of youth under the age of 18 who were brought into juvenile court during the calendar year. Percents were computed using county population of youth under 18. Referral counts were provided by the Tennessee Council of Juvenile and Family Court Judges.

Data sources: The KIDS COUNT division of the Tennessee Commission on Children and Youth organized the data for display for 2008, 2009. Available from:

<http://datacenter.kidscount.org/data/bystate/chooseindicator.aspx?state=TN&cat=1842>

For the 2010 data, the Tennessee Council of Juvenile and Family Court Judges reported the data in the 2010 Annual Juvenile Court Statistical Report: Available from:

[http://www.tncourts.gov/sites/default/files/docs/2010\\_annual\\_report\\_0.pdf](http://www.tncourts.gov/sites/default/files/docs/2010_annual_report_0.pdf). The 2010 Census, United States Census Bureau data were used to compute 2010 rates.

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**1.3. Estimated number and percent of children in poverty.** This indicator represents a five-year estimate of youth under the age of 18 who were living with an income level below the official poverty threshold from 2006 to 2010. The Census Bureau uses a set of income thresholds that vary by family size and composition to determine who is in poverty. If the total income for a family falls below the relevant poverty threshold, then the family (and every individual in it) is considered in poverty.

Data sources: U.S. Census Bureau, Small Area Estimates Branch and 2010 Census, United States Census Bureau. The KIDS COUNT division of the Tennessee Commission on Children and Youth organized the data for display, 2008 and 2009. Available from:

<http://datacenter.kidscount.org/data/bystate/chooseindicator.aspx?state=TN&cat=1823>

The 2010 data are from the American Community Survey 2010. Available from:

<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

**1.4. Number of students expelled from school and their rate of expulsion per 1,000 of net enrollment.**

This indicator displays the number of public school students expelled from school during the given school year and the rate of students expelled per 1,000 of net enrollment.

Data sources: Count and net enrollment data were supplied by the Tennessee Department of Education, Office of Research. The KIDS COUNT division of the Tennessee Commission on Children and Youth converted district-level data to county level and computed rate. Available from:

<http://datacenter.kidscount.org/data/bystate/chooseindicator.aspx?state=TN&cat=1815>

**1.5. Number and percent of students suspended in a given school year.** This indicator displays the number of public school students suspended from school during the given school year and the rate of students suspended as a percent of net enrollment for the school year.

Data sources: Count and net enrollment data were supplied by the Tennessee Department of Education, Office of Research. The KIDS COUNT division of the Tennessee Commission on Children and Youth converted district-level data to county level and computed the rate.

<http://datacenter.kidscount.org/data/bystate/chooseindicator.aspx?state=TN&cat=1815>

**1.6. Number of students in disability category of emotional disturbance receiving special education services and their rate per 1,000 enrollments.** This indicator displays the number of public school students ages 3 through 21 receiving special education services for the Individuals with Disabilities for Education Act category of emotional disturbance as of December 1, 2010 (in the 2010-2011 school year). Rates were computed using American Community Survey data.

Data sources: Tennessee Department of Education and American Community Survey, United States Census Bureau. Available from: [http://www.tn.gov/education/asr/10\\_11/index.shtml](http://www.tn.gov/education/asr/10_11/index.shtml).

**1.7. Number of cohort high school dropouts.** This indicator represents the number of students who drop out of high school before graduating and their percentage as a fraction of their net enrollment at 9th grade.

Data sources: Dropout and net enrollment data were provided by the Tennessee Department of Education, Office of Research. The KIDS COUNT division of the Tennessee Commission on Children and Youth calculated

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and converted all data from district-level to county-level. Available from:

<http://datacenter.kidscount.org/data/bystate/chooseindicator.aspx?state=TN&cat=1815>

### **1.8. Number of drug related arrests for youth under the age of 18 and rate of drug related arrests per 1,000 youth.**

This indicator represents the number of youth under the age of 18 in a given year who violated the law prohibiting the production, distribution, and/or use of certain controlled substances and the equipment or devices utilized in their preparation and/or use. Rates were computed using county population of 1,000 youth under the age of 18.

Data sources: Tennessee Incident Based Reporting System for youth under 18, United States Census Bureau. Available from: [http://www.tbi.state.tn.us/tn\\_crime\\_stats/crime\\_stats\\_online.shtml](http://www.tbi.state.tn.us/tn_crime_stats/crime_stats_online.shtml)

**1.9. Number and percent of youth under the age of 21 enrolled in TennCare.** This indicator represents the number of youth under the age of 21 on TennCare in a given year. TennCare is Tennessee's Medicaid program. Percents were calculated using population of youth under the age of 21.

Data sources: Count data were obtained from the Bureau of TennCare in the Tennessee Department of Finance and Administration and the KIDS COUNT division of the Tennessee Commission on Children and Youth; American Community Survey, United States Census Bureau. Available from:

<http://datacenter.kidscount.org/data/bystate/chooseindicator.aspx?state=TN&cat=1834>.

### **1.10. Number and rate per 1,000 children of substantiated child abuse/neglect cases under the age of 18.**

This indicator represents unduplicated counts of child abuse and neglect cases for which sufficient evidence exists. The rate of child abuse/neglect is calculated per 1,000 children younger than 18 years of age. Yearly data are based on a calendar year.

Data sources: Tennessee Department of Children's Services supplied case data. Data were organized for display by the KIDS COUNT division of the Tennessee Commission on Children and Youth. Available from:

<http://datacenter.kidscount.org/data/bystate/chooseindicator.aspx?state=TN&cat=1842>

**1.11. Number of deaths from suicides for ages 10-19, with rates per 100,000 population.** This indicator represents a unique count of Tennessee resident deaths from suicides for children and youth ages 10 to 19 years. Rates are given per 100,000 population of Tennessee residents ages 10-19 years.

Data source: Tennessee Department of Health, Office of Policy, Planning and Assessment, Division of Health Statistics. Available from: <http://health.state.tn.us/statistics/death.htm>

**1.12. Number of TDMHSAS funded A&D adolescent substance abuse treatment admissions and percent youth between the ages of 12 and 17 with a dependence on or abuse of illicit drugs or alcohol in past year.** This indicator represents a unique count of youth, 12 – 17 years of age, with a primary or secondary alcohol or other drug abuse or dependency diagnosis or co-occurring substance use and psychiatric diagnosis. Percentages were computed by dividing the count by the estimated number of youth with a dependence on illicit drugs or alcohol. These youth are not enrolled in Tennessee's Medicaid program, TennCare; have exhausted their TennCare or other third party alcohol and drug abuse treatment benefits; or do not have any other third party health benefits payer source.

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Data sources: Tennessee Web Interface Technology System (TN-WITS), Tennessee Department of Mental Health and Substance Abuse Services. SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008-2010 substate estimates. Available from:

<http://www.samhsa.gov/data/NSDUH/substate2k10/AgeGroupTables/NSDUHsubstateAgeGroupTabs2010.htm>.

**1.13. Number of TDMHSAS funded A&D substance abuse prevention programming participants and rate of participants per 1,000 of youth ages 6 to 18.** This indicator represents a unique count of consumers who received TDMHSAS funded alcohol and drug abuse (A&D) prevention programming in FY 2011 and FY 2012. A&D Prevention programming is evidence-based and designed to work with specific high risk populations including, but not limited to, foster care youth, juvenile justice involved youth, and youth attending alternative schools. Programs increase protective factors and decrease risk factors and are designed to intervene early with small group educational activities that have been proven to be effective in reducing use or one's likelihood of becoming addicted in the future. Percents were computed using the number of participants and percent of youth ages 6-18 for each county.

Data sources: Tennessee Web Interface Technology System (TN-WITS), Tennessee Department of Mental Health and Substance Abuse Services, and U.S. Census Bureau.

**1.14. Number of TDMHSAS funded substance abuse prevention sites.** This indicator represents a count of sites that provided TDMHSAS funded A&D prevention services in FY 2011 and FY2012.

Data sources: Tennessee Web Interface Technology System (TN-WITS), Tennessee Department of Mental Health and Substance Abuse Services, Division of Substance Abuse Services.

**1.15. Number of TDMHSAS funded substance abuse prevention coalitions.** This indicator represents a count of TDMHSAS funded A&D county coalitions for FY 2011 and FY 2012. The focus of state-funded coalitions is to reverse Tennessee's upward trend in binge drinking by decreasing the total number of 14-25 year olds who engage in binge drinking within any 30-day period.

Data sources: Tennessee Web Interface Technology System (TN-WITS), Tennessee Department of Mental Health and Substance Abuse Services, Division of Substance Abuse Services.

**1.16. Number of TDMHSAS funded substance abuse adolescent treatment sites.** This indicator represents a count of TDMHSAS funded A&D adolescent treatment sites where services were provided in FY 2011 and FY 2012.

Data sources: Tennessee Web Interface Technology System (TN-WITS), Tennessee Department of Mental Health and Substance Abuse Services, Division of Substance Abuse Services.

**1.17. Licensed bed capacity of mental health residential treatment sites for children (TDMHSAS as of 7/20/2012).** This indicator represents the licensed capacity of facilities which provide 24-hour residential treatment and rehabilitation to persons under 18 years of age with a mental illness or who are seriously emotionally disturbed (SED). The focus of the program may be on short-term stabilization or long-term treatment and rehabilitation. The program must provide, or arrange, for an education component that is in compliance with the rules, regulations, and minimum standards of the Tennessee State Board of Education.

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Data source: TDMHSAS Licensure Database. Available from:

<https://mhddapps.state.tn.us/Licensure/Inquiry.aspx?RPT=TDMHDD%20License%20Inquiry>

**1.18. Licensed bed capacity of alcohol and drug abuse residential treatment sites for children & youth (TDMHSAS as of 7/20/2012).** This indicator represents the licensed capacity of residential programs which offer 24-hour treatment to service recipients under 18 years of age with the primary purpose of restoring service recipients with alcohol and/or drug abuse or dependency disorders to abstinence and levels of positive functioning appropriate to the service recipient. An important goal of these services is to move the service recipient into less intensive levels of care and/or reintegration in to the community. The program must provide or arrange for an education component that is in compliance with the rules, regulations, and minimum standards of the Tennessee State Board of Education.

Data source: TDMHSAS Licensure Database. Available from:

<https://mhddapps.state.tn.us/Licensure/Inquiry.aspx?RPT=TDMHDD%20License%20Inquiry>

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## Adult Indicators

**2.1. Estimated number and percent of people over the age of 18 with serious mental illness in the past year.** This indicator represents state estimates provided by SAMHSA in the National Survey for Drug Use and Health for persons who have been defined as having a diagnosable mental, behavioral, or emotional disorder, other than a substance use disorder, that met the criteria found in the 4<sup>th</sup> edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) and resulted in serious functional impairment.

Data source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008-2010 substate estimates. Available from:

<http://www.samhsa.gov/data/NSDUH/substate2k10/AgeGroupTables/NSDUHsubstateAgeGroupTabs2010.htm>.

**2.2. Estimated number and percent of people over the age of 18 with any mental illness in the past year.** This indicator represents state estimates provided by SAMHSA in the National Survey for Drug Use and Health for persons who have been defined as having a diagnosable mental, behavioral, or emotional disorder, other than a substance use disorder, that met the criteria found in the 4<sup>th</sup> edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), regardless of the level of impairment in carrying out major life activities.

Data source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2006-2008 estimates, and 2008 and 2010 estimates.

<http://www.samhsa.gov/data/NSDUH/substate2k10/AgeGroupTables/NSDUHsubstateAgeGroupTabs2010.htm>.

**2.3. Estimated number and percent of people in poverty.** This indicator represents the total number of people in poverty in a given county. The percent is calculated from the count divided by the Tennessee population.

Data sources: U.S. Census Bureau's Small Area Income and Poverty Estimates (SAIPE) program which provides annual estimates of income and poverty statistics for all school districts, counties, and states. Data from the American Community Survey (ACS) are used in the population estimation procedure. Available from: <http://www.census.gov/did/www/saipe/data/index.html>

**2.4. Number of Behavioral Health Safety Net (BHSN) enrollments and enrollments as a percent of people over 18 with serious mental illness.** This indicator represents the number of enrollees in BHSN who had a billed service each fiscal year. Percentages were computed by dividing the number under BHSN by the total enrollments. BHSN enrollees are between 19-64 years old, have a serious mental illness, are at or below 100% of the federal poverty level, and are uninsured. The BHSN increases access to out-patient mental health treatment and prescription drugs. The top three BHSN services are case management, pharmacological management, and therapy.

Data source: TDMHSAS Behavioral Health Safety Net Database.



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**2.5. Number and percent of TennCare enrollees.** This indicator represents the number of persons 21 years or older on TennCare during each calendar year. The percentages were computed from the total enrollees. TennCare is Tennessee's Medicaid program.

Data sources: Count data were obtained from the Bureau of TennCare in the Tennessee Department of Finance and Administration and the KIDS COUNT division of the Tennessee Commission on Children and Youth; American Community Survey, United States Census Bureau. Available from:

<http://datacenter.kidscount.org/data/bystate/chooseindicator.aspx?state=TN&cat=1834>.

**2.6. Estimated number of people over the age of 18 with a dependence on or abuse of illicit drugs or alcohol in past year.** This indicator represents state estimates provided by SAMHSA for persons who fall into this category and demonstrated dependence or abuse as defined in the 4<sup>th</sup> edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*. Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

Data source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2006-2008 estimates, and 2008 and 2010 estimates. Available from:

<http://www.samhsa.gov/data/NSDUH/substate2k10/AgeGroupTables/NSDUHsubstateAgeGroupTabs2010.htm>).

**2.7. Number of deaths from suicides all ages and rates per 100,000 population.** This indicator represents a unique count of Tennessee resident deaths from suicides for all ages. Rates computed using the number of suicides per 100,000 total county population.

Data sources: Tennessee Department of Health, Office of Policy, Planning and Assessment, Division of Health Statistics and the 2010 Census, United States Census Bureau. Available from:

<http://health.state.tn.us/statistics/death.htm>)/

**2.8. Number of deaths from suicides all ages by region with rates per 100,000 population.**

This indicator represents a unique count of Tennessee resident deaths from suicides for all ages by Tennessee TDMHSAS planning regions. Rates computed using the number of suicides per 100,000 total region population.

Data sources: Tennessee Department of Health, Office of Policy, Planning and Assessment, Division of Health Statistics and the 2010 Census, United States Census Bureau. Available from:

<http://health.state.tn.us/statistics/death.htm>

**2.9. Number of unique TDMHSAS operated regional mental health institute (RMHI) admissions and RMHI admissions as a percent of the number of people over 18 with serious mental illness.** This indicator represents the number of unique admissions to a state-operated RMHI during each fiscal year. These were persons diagnosed as having a mental, behavioral, or emotional disorder that met the criteria found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*. Percents were computed using number of RMHI admissions and the estimated number of people over 18 with serious mental illness in each county.



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Data sources: TDMHSAS AVATAR Database, Tennessee Department of Mental Health and Substance Abuse Services, the National Survey on Drug Use and Health, American Community Survey and the 2010 Census, United States Census Bureau.

**2.10. Number of unique TDMHSAS operated regional mental health institute (RMHI) admissions for people with co-occurring disorders and percent of all RMHI admissions.** This indicator represents the number unique admissions to a state operated RMHI attributable to both mental health and substance abuse diagnoses during each fiscal year. These were persons diagnosed as having a mental, behavioral, or emotional disorder and a substance abuse disorder that met the criteria found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*. Percents were computed using number of co-occurring RMHI admissions and total number of RMHI admissions.

Data sources: TDMHSAS AVATAR database and Tennessee Department of Mental Health and Substance Abuse Services.

**2.12. Number of unique A&D Addictions Recovery Program (ARP) admissions and ARP admissions as a percent of people over 18 with a dependence on or abuse of illicit drugs or alcohol in past year.** This indicator represents the number of consumers who received addiction recovery support services FY 2011 and

FY 2012. The ARP provides peer support services. Programming at agencies give service providers an opportunity to engage service recipients in the addictions disorder peer recovery process to assist them in recovering from a substance use disorder or co-occurring disorder and to further evaluate the needs for services. Percents were computed using number admissions and the number of people over 18 with a dependence on or abuse of illicit drugs or alcohol in past year.

Data sources: Tennessee Web Interface Technology System (TN-WITS), Tennessee Department of Mental Health and Substance Abuse Services and data from National Survey on Drug Use and Health, and the 2010 Census, United States Census Bureau.

**2.13. Number and percent of TDMHSAS funded treatment admissions for primary substance of abuse - alcohol.** This indicator represents the number of consumers who received alcohol treatment services during fiscal year 2011 and 2012. These services are as follows: adult continuum of care treatment services for adults, Adolescent Substance Use Disorders Service Program (ASUDSP), women services, medically managed detox (MMCD), criminal justice programs, and recovery services. The percent is calculated from the total treatment admissions.

Data sources: Tennessee Web Interface Technology System (TN-WITS), Tennessee Department of Mental Health and Substance Abuse Services.

**2.14. Number and percent of TDMHSAS funded treatment admissions for primary substance of abuse – opioid.** This indicator represents the number of consumers who received opioid abuse treatment services during FY 2011 and FY 2012. The percent is calculated from total treatment admissions.

Data sources: Tennessee Web Interface Technology System (TN-WITS), Tennessee Department of Mental Health and Substance Abuse Services.

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**2.15. Number and percent of TDMHSAS funded treatment admissions for primary substance of abuse – benzodiazepines.** This indicator represents the number of consumers who received benzodiazepine abuse treatment services during FY 2011 and FY 2012. The percent is calculated from the total treatment admissions.

Data sources: Tennessee Web Interface Technology System (TN-WITS), Tennessee Department of Mental Health and Substance Abuse Services.

**2.16. Number and percent of TDMHSAS funded treatment admissions for primary substance of abuse – heroin.** This indicator represents the number of consumers who received heroin abuse treatment services during fiscal year 2011 and 2012. The percent is calculated from the total treatment admissions.

Data sources: Tennessee Web Interface Technology System (TN-WITS), Tennessee Department of Mental Health and Substance Abuse Services.

**2.17. Number and percent of TDMHSAS funded treatment admissions for primary substance of abuse - other illicit drugs.** This indicator represents the number of consumers who received other illicit drug abuse treatment services during FY 2011 and FY 2012. Illicit drugs include the following: marijuana/hashish, methamphetamine, other amphetamines, cocaine/crack, other non-barbiturate sedatives or hypnotics, other hallucinogens, non-prescription methadone, inhalants, other stimulants, other over-the-counter, other barbiturate sedatives, PCP, other non-benzodiazepine tranquilizers. The percent is calculated from the total number of treatment admissions.

Data sources: Tennessee Web Interface Technology System (TN-WITS), Tennessee Department of Mental Health and Substance Abuse Services.

**2.18. Number and percent of drug related arrests for adults age 18 and over and arrests as a percent of the county population older than age 18.** This indicator represents the number of persons 18 and over who in a given year violated the law prohibiting the production, distribution, and/or use of certain controlled substances and the equipment or devices utilized in their preparation and/or use. Percents were computed using drug related arrests and county population over age 18.

Data sources: Tennessee Incident Based Reporting System. Available from:

[http://www.tbi.tn.gov/tn\\_crime\\_stats/stats\\_analys.shtml](http://www.tbi.tn.gov/tn_crime_stats/stats_analys.shtml). County population numbers obtained from American Community Survey and 2010 Census, United States Census Bureau.

**2.19. Number of TDMHSAS funded substance abuse co-occurring capable treatment sites.** This indicator represents the number of treatment sites qualified to deliver co-occurring capable treatment services for FY 2011 and FY 2012. These programs address co-occurring mental and substance-related disorders in their policies and procedures, assessment, treatment planning, program content, and discharge planning. Even where such programs are targeted primarily toward treating either substance use or mental health disorders, program staff are able to address the interaction between mental and substance related disorders and their effect on the consumers' readiness to change – as well as relapse and recovery environment issues – through individual and group program content.

Data sources: Tennessee Web Interface Technology System (TN-WITS), Tennessee Department of Mental Health and Substance Abuse Services, Division of Substance Abuse Services.

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**2.20. Number of TDMHSAS funded substance abuse co-occurring enhanced treatment sites.** This indicator represents the number of sites who qualify to deliver co-occurring enhanced treatment services for FY 2011 and FY 2012. These programs have a higher level of integration of substance abuse and mental health treatment and recovery services. These programs are able to provide unified and integrated substance abuse and mental health treatment and recovery to consumers who have unstable or disabling co-occurring disorders. These programs are often indistinguishable as either an addiction or mental health treatment and recovery program.

Data sources: Tennessee Web Interface Technology System (TN-WITS), Tennessee Department of Mental Health and Substance Abuse Services, Division of Substance Abuse Services.

**2.21. Number of TDMHSAS funded substance abuse addictions recovery program sites.** This indicator represents the number of sites where addictions recovery program services were provided during FY 2011 and FY 2012.

Data sources: Tennessee Web Interface Technology System (TN-WITS), Tennessee Department of Mental Health and Substance Abuse Services, Division of Substance Abuse Services.

**2.22. Licensed bed capacity of mental health adult supportive residential sites (TDMHSAS as of 7/20/2012).** This indicator represents the capacity of the mental health supportive living programs that provide 24-hour residential care. Services are provided for adult service recipients that include personal care services, training in community living skills, and/or socialization. Access to medical services, social services, and mental health services are provided off-site. The services provided are less intensive than required in a Supportive Residential Facility.

Data sources: Licensure database, Tennessee Department of Mental Health and Substance Abuse Services, Division of Substance Abuse Services. Available from :

<https://mhdapps.state.tn.us/Licensure/Inquiry.aspx?RPT=TDMHDD%20License%20Inquiry>.

**2.23. Licensed bed capacity of mental health adult supportive living sites (TDMHSAS as of 7/20/2012).**

This indicator represents the capacity of the mental health residential programs that provide 24-hour residential care with a treatment and rehabilitation component less intensive than required in a residential treatment facility. Coordinated and structured services are provided for adult service recipients that include personal care services, training in community living skills, vocational skills, and/or socialization. Access to medical services, social services, and mental health services are ensured and are usually provided off-site, although limited mental health treatment and rehabilitation may be provided on-site.

Data sources: Licensure database, Tennessee Department of Mental Health and Substance Abuse Services, Division of Substance Abuse Services. Available from:

<https://mhdapps.state.tn.us/Licensure/Inquiry.aspx?RPT=TDMHDD%20License%20Inquiry>.

**2.24. Licensed bed capacity of A&D halfway house sites (TDMHSAS as of 7/20/2012).** This indicator refers to the capacity of transitional residential programs that provide services to service recipients with alcohol and/or drug abuse or dependency disorders with the primary purpose of establishing vocational stability and counseling focused on re-entering the community. Service recipients are expected to be able to self-

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administer medication and to work, seek work, or attend vocational/educational activities away from the residence for part of the day. Services include counseling contacts, lectures, seminars, and other services necessary to meet the service recipient's assessed needs.

Data sources: Licensure database, Tennessee Department of Mental Health and Substance Abuse Services, Division of Substance Abuse Services. Available:

<https://mhddapps.state.tn.us/Licensure/Inquiry.aspx?RPT=TDMHDD%20License%20Inquiry>.

**2.25. Number of licensed mental health psychosocial rehabilitation program sites (TDMHSAS as of 7/20/2012).** This indicator refers to the number of sites that provide a consumer-centered program of services for adult service recipients to enhance and support the process of recovery. Program focus is based on a strengths model of mental health, working with the whole service recipient to improve service recipient functioning rather than treatment for symptoms of a mental illness. Service recipients, in partnership with staff, form goals for skill development in the areas of vocational, educational, and interpersonal growth that serve to maximize opportunities for successful community integration. Service recipients proceed with goal development at their own pace and may continue in the program with varying intensity for an indefinite period of time.

Data sources: Licensure database, Tennessee Department of Mental Health and Substance Abuse Services, Division of Substance Abuse Services. Available from:

<https://mhddapps.state.tn.us/Licensure/Inquiry.aspx?RPT=TDMHDD%20License%20Inquiry>.

**2.26. Licensed bed capacity of mental health adult residential sites (TDMHSAS as of 7/20/2012).** This indicator refers to the capacity of a mental health treatment program that provides 24-hour intensive, coordinated, and structured services for adult service recipients within a non-permanent therapeutic environment that focuses on enabling a service recipient to move to a less restrictive setting.

Data sources: Licensure database, Tennessee Department of Mental Health and Substance Abuse Services, Division of Substance Abuse Services. Available from:

<https://mhddapps.state.tn.us/Licensure/Inquiry.aspx?RPT=TDMHDD%20License%20Inquiry>.

**2.27. A&D residential rehabilitation treatment licensed bed capacity (TDMHSAS as of 7/20/2012).** This indicator refers to the capacity of a residential program for service recipients at least 18 years of age, which offers highly structured services to service recipients with the purpose of restoring service recipients with alcohol and/or drug abuse or dependency disorders to levels of positive functioning and abstinence appropriate to the service recipient. A primary goal of these services is to move the service recipient into less intensive levels of care and/or reintegration into the community as appropriate. Services include counseling contacts, lectures/seminars, and other services necessary to meet the service recipients' assessed needs.

Data sources: Licensure database, Tennessee Department of Mental Health and Substance Abuse Services, Division of Substance Abuse Services. Available from:

<https://mhddapps.state.tn.us/Licensure/Inquiry.aspx?RPT=TDMHDD%20License%20Inquiry>.

**2.28. Estimated percent of adults that report smoking at least 100 cigarettes and that they currently smoke (BRFSS Survey).** This indicator represents the percent of adults over age 18 who report currently

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smoking. The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. More than 350,000 adults are interviewed each year, making BRFSS the largest telephone health survey in the world.

Data source: Behavioral Risk Factor Surveillance System (BRFSS) compiled by County Health Rankings and Roadmaps program for display. Available from: [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

**2.29. Estimated percent of adults reporting excessive or binge drinking in the last 30 days.** This Indicator represents the percent of adults age 18 and older who report drinking heavily (at least 2 drinks per day) or binge drinking (defined as males having five or more drinks on one occasion, females having four or more drinks on one occasion). The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. More than 350,000 adults are interviewed each year, making BRFSS the largest telephone health survey in the world.

Data source: Behavioral Risk Factor Surveillance System (BRFSS) compiled by County Health Rankings and Roadmaps program for display. Available from: [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

**2.30. Estimated percent of adults reporting mentally unhealthy days in the last 30 days.** This indicator represents the percent of adults age 18 and older who reported on the BRFSS survey mentally unhealthy days in the last 30 days. The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. More than 350,000 adults are interviewed each year, making BRFSS the largest telephone health survey in the world.

Data source: Behavioral Risk Factor Surveillance System (BRFSS) compiled by County Health Rankings and Roadmaps program. Available from: [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

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## Demographic Indicators

**3.1. Total population by county.** This indicator refers to the number of people who identified their usual residence on April 1, 2010 as being in the state of Tennessee and the corresponding county for Census 2010. Usual residence has been defined as the place where the person lives and sleeps most of the time. This place is not necessarily the same as the person's voting residence or legal residence. Noncitizens that were living in the United States were included, regardless of their immigration status. Persons temporarily away from their usual residence, such as on vacation or on a business trip on Census Day, were counted at their usual residence. People who live at more than one residence during the week, month, or year were counted at the place where they live most of the year. People without a usual residence, however, were counted where they were staying on Census Day.

Data sources: U.S. Census Bureau (<http://www.census.gov/acs/www/>). For years prior to Census 2010, American Community Survey 5 year estimates were used.

**3.2. Population under 18 years of age.** For the 2010 year, the age classification is based on the age of the person in complete years as of April 1, 2010.

Data sources: U.S. Census Bureau (<http://www.census.gov/acs/www/>). For years prior to Census 2010, the data was obtained from the University of Tennessee, Center for Business and Economic Research (CBER). Available from: <http://cber.bus.utk.edu/tnsdc/sdcmain.htm>.

**3.3. Population ages 18 - 24 years.** For the 2010 year, the age classification is based on the age of the person in complete years as of April 1, 2010.

Data sources: U.S. Census Bureau (<http://www.census.gov/acs/www/>). For years prior to Census 2010, the data was obtained from the University of Tennessee, Center for Business and Economic Research (CBER). Available from: <http://cber.bus.utk.edu/tnsdc/sdcmain.htm>.

**3.4. Population ages 25 - 64 years.** For the 2010 year, the age classification is based on the age of the person in complete years as of April 1, 2010.

Data sources: The data for this indicator were obtained from the U.S. Census Bureau (<http://www.census.gov/acs/www/>). For years prior to Census 2010, the data was obtained from the University of Tennessee, Center for Business and Economic Research (CBER). Available from: <http://cber.bus.utk.edu/tnsdc/sdcmain.htm>.

**3.5. Population age 65 years and older.** For the 2010 year, the age classification is based on the age of the person in complete years as of April 1, 2010.

Data sources: U.S. Census Bureau (<http://www.census.gov/acs/www/>). For years prior to Census 2010, the data was obtained from the University of Tennessee, Center for Business and Economic Research (CBER). Available from: <http://cber.bus.utk.edu/tnsdc/sdcmain.htm>.

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**3.6. Population by race (White).** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as “White” or report entries such as Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish.

Data sources: U.S. Census Bureau for 2010. (<http://2010.census.gov/2010census/>). For years prior to Census 2010, the data was obtained from the University of Tennessee, Center for Business and Economic Research (CBER). Available from: <http://cber.bus.utk.edu/tnsdc/sdcmain.htm>.

**3.7. Population by race (Black or African American).** This indicator represents a count of persons who have origins in any of the Black racial groups of Africa. It includes people who indicate their race as “Black, African American, or Negro,” or provided written entries such as African American, Afro-American, Kenyan, Nigerian, or Haitian.

Data sources: U.S. Census Bureau for 2010. (<http://2010.census.gov/2010census/>). For previous years to the Census 2010, the data was obtained from the University of Tennessee Center for Business and Economic Research (CBER). (<http://cber.bus.utk.edu/tnsdc/sdcmain.htm>).

**3.8. Population by race (American Indian and Alaska Native).** This indicator represents a count of persons who have origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment. It includes people who classified themselves as described below:

- *American Indian.* This category includes people who indicated their race as “American Indian,” entered the name of an Indian tribe, or reported such entries as Canadian Indian, French American Indian, or Spanish American Indian. Respondents who identified themselves as American Indian were asked to report their enrolled or principal tribe. Therefore, tribal data in tabulations reflect the written entries reported on the questionnaires. Some of the entries (for example, Iroquois, Sioux, Colorado River, and Flathead) represent nations or reservations.
- *Alaska Native.* This category includes written responses of Eskimos, Aleuts, and Alaska Indians as well as entries such as Arctic Slope, Inupiat, Yupik, Alutiiq, Egegik, and Pribilofian. The Alaska tribes are the Alaskan Athabascan, Tlingit, and Haida.

Data sources: U.S. Census Bureau for 2010. (<http://2010.census.gov/2010census/>). For years prior to Census 2010, the data was obtained from the University of Tennessee, Center for Business and Economic Research (CBER). Available from: <http://cber.bus.utk.edu/tnsdc/sdcmain.htm>.

**3.9. Population by race (Asian).** This indicator represents a count of persons who have origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. It includes “Asian Indian,” “Chinese,” “Filipino,” “Korean,” “Japanese,” “Vietnamese,” and “Other Asian.”

Data sources: U.S. Census Bureau (<http://2010.census.gov/2010census/>). For years prior to Census 2010, the data was obtained from the University of Tennessee, Center for Business and Economic Research (CBER). Available from: <http://cber.bus.utk.edu/tnsdc/sdcmain.htm>.

**3.10. Population by race (Native Hawaiian and Other Pacific Islander).** This indicator represents a count of persons who have origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It



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includes people who indicate their race as “Native Hawaiian,” “Guamanian or Chamorro,” “Samoan,” and “Other Pacific Islander.”

Data sources: U.S. Census Bureau for 2010. (<http://2010.census.gov/2010census/>). For years prior to Census 2010, the data was obtained from the University of Tennessee, Center for Business and Economic Research (CBER). Available from: <http://cber.bus.utk.edu/tnsdc/sdcmain.htm>.

**3.11. Population by race (Two or more races).** This indicator represents a count of persons who may have chosen to provide two or more races either by checking two or more race response check boxes, by providing multiple write-in responses, or by some combination of check boxes and write-in responses. The race response categories shown on the questionnaire are collapsed into the five minimum races identified by the Office of Management and Budget (OMB), and the Census Bureau “Some other race” category. For data product purposes, “Two or more races” refers to combinations of two or race categories:

Data sources: U.S. Census Bureau for 2010. (<http://2010.census.gov/2010census/>). For years prior to Census 2010, the data was obtained from the University of Tennessee, Center for Business and Economic Research (CBER). Available from: <http://cber.bus.utk.edu/tnsdc/sdcmain.htm>.

**3.12. Population by Hispanic or Latino origin.** This indicator represents a count of a persons who identify themselves as being of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Data sources: U.S. Census Bureau for 2010 (<http://2010.census.gov/2010census/>). For years prior to Census 2010, the data was obtained from the University of Tennessee, Center for Business and Economic Research (CBER). Available from: <http://cber.bus.utk.edu/tnsdc/sdcmain.htm>.

**3.13. Number and percent of single parent families with own children under 18.** This indicator represents an estimate of the number of single parent families with own children under 18 in each county. A single parent may be father living alone with children, or mother living alone with own children. A family consists of a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption. All people in a household who are related to the householder are regarded as members of his or her family. A family household may contain people not related to the householder, but those people were not included as part of the householder’s family in tabulations.

Percents were computed using number of single parent families divided by the total families in each county. Data sources: U.S. Census Bureau and the American Community Survey 2006-2010). Available from <http://www.census.gov/acs/www/>.

**3.14. Number of people not proficient in English.** This indicator represents an estimate of the number of people who do not describe their primary language as English. Percents were computed using county population age 5 years and above.

Data sources: American Community Survey 2006 – 2010 (<http://www.census.gov/acs/www/>) and compiled by the County Health Rankings and Roadmap program. ([www.countyhealthrankings.org](http://www.countyhealthrankings.org)).